

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

890

Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3rd Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLYPostmark Date: 6/15/07Supp-L
ss**107039
SCANNED**

JUL 26 2007

By: (Signature)1. NAME Patterson Dickie W
Last First MI2. BUSINESS PHONE 225-381-7009

suite 810

3. BUSINESS ADDRESS 301 N. Main Street, BPLA 70825
Street and No. City State ZipMAILING ADDRESS Same
Street and No. City State Zip4. EMPLOYER Baker Donelson Bauman Caldwell & Berkowitz5. EMPLOYER'S ADDRESS Same
Street and No. City State Zip6. Have you ceased or terminated all lobbying activities requiring registration? Yes No

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Lady of the Sea HospitalAddress 200 W. 13th Place Cutoff, LA 70345Business or purpose Hospital Services New RepresentationDoes this person pay you? yes

If No, who pays you? _____

 Terminated Representation as of _____FBI - NEW ORLEANS
SEARCHED
INDEXED
SERIALIZED
FILED
JUL 26 2007

SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number _____

2. Name _____

Address _____

Business or purpose _____

New Representation

Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

3. Name _____

Address _____

Business or purpose _____

New Representation

Does this person pay you? _____

If No, who pays you? _____

Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.



Signature of Lobbyist